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ABSTRACT

Intended for classroom teachers, the booklet offers guidelines for dealing with learning disabled (LD) students. Sections address the following areas: characteristics of LD children, procedures for identification, intervention strategies, and application of assessment procedures to specific case studies. Also provided are a list of tests for assessment in each area, sample record sheets, and a figure illustrating a clinical teaching model. (SBH)

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BUT WHAT CAN I DO
WITH
HAROLD?

by

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An information pamphlet on learning disabilities prepared by the staff of the Alabama A & M University Child Service Demonstration Center.

Dedicated to all classroom teachers who sacrifice daily their tolerance, patience, and ingenuity to meet the individual needs of their pupils, with a special thanks to the 'special' teachers of Madison County.

The National Advisory Committee on Handicapped Children in their annual report to Congress in 1968 gave the following, and now widely used, definition of Learning Disabilities.

> "Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage."

When viewed from the classroom teacher's perspective, the child with learning disabilities (L.D.) might exhibit any combination of the characteristics listed in Figure I. Generally, though, the L.D. child may be 2 or more years behind grade level in one or more subjects. He or she may do well in some subjects and not well in others. He may exhibit mild coordination problems, visual-motor problems, impaired speech development, and problems in developing reading and arithmetic skills. This child frequently can't remember today what he was taught yesterday. He may attempt to conceal or compensate for his weaknesses by appearing to be lazy, hyperactive, or he may become a class clown.

Although providing special services to L.D. children in public schools is a relatively recent phenomenon (since the mid 1960's), the traditional approach to providing services to these children has been to place them in a resource room for what amounted to individual remedial instruction in their deficit areas, while maintaining them in regular subjects wherever possible. While this approach has generally worked, two recent developments have caused educational professionals to re-examine all services provided to L.D. children.

FIGURE I

CHARACTERISTICS OF CHILDREN WITH LEARNING DISABILITIES

A student may present any one of these characteristics, or a combination of many.

I. Behavior

- A. Short attention span
- B. Easily distracted
- C. Hyperactive, constantly moving
- D. Inability to begin tasks immediately or sustain for long
- E. Abilities inconsistent--what he can do one day, he may not be able to do the next
- F. Withdrawn, shy
- G. Poor ability to organize work
- H. Frequent perservation
- I. Low frustration level

II. Motor

- A. Poor coordination--gross, fine and visual-motor
- B. Problems of balance
- C. Lack of rhythm in movements Problems of direction
- E. Lack of self-awareness
- F. Inability to sustain a given movement pattern--loses sequence
- G. Confusion as to which is the right side of his body and which is the left

III. Ocular

- A. Eyes cannot follow target
- B. Eye movements jerky
- C. Eyes do not work together
- D. Unable to concentrate on visual activities for average lengths of time
- E. Excessive watering of eyes
- F. Difficulty retaining visual image
- G. Poor spatial orientation

IV. Visual

- A. Inability to distinguish shapes
- B. Inability to see relationship of parts to the whole
- C. Confuses directions
- D. Inability to judge size
- E. Can't separate figure from background
- F. Difficulty retaining visual image
- G. Poor spatial orientation

V. Auditory

- A. Inability to differentiate between similar sounds
- B. Doesn't always interpret correctly what is heard
- C. Inability to follow verbal directions
- D. Can't remember specific sounds
- E. Can't hear or remember sequence
- F. Unable to identify sounds
- G. Unable to reproduce what they hear

VI. Academic

- A. Reading
  1. small sight-word vocabulary
  2. Poor word attack skills
  3. loses place in reading
  4. confuses similar words and letters
  5. difficulty hearing and learning phonetic sounds

FIGURE I CONTINUED

READING CONTINUED

6. skips phrases or sentences when reading
7. reverses certain letters (example: b & d or words, example: saw & was)
8. looks only at beginning letters when identifying word
9. uses fingers to follow along

B. Spelling
1. Inability to associate correct sound with letter
2. Incorrect order of letters or words

C. Writing

1. letter and word reversals
2. inability to stay on the line
3. can't change direction of movement
4. difficulty crossing lines
5. uneven size
6. improper spacing
7. poor formation of letters
8. poor rhythm in movement

D. Arithmetic

1. difficulty associating correct symbol with number
2. problems of sequence
3. no immediate visual recognition of grouping

The first development was the passage of Public Law (P.L.) 94-142). This law, passed by Congress and signed into law in 1975, mandated that all unserved exceptional children will be provided publically supported special education services in their least restrictive alternative. The effect that this has on L.D. children is that in order to provide services to the more severely handicapped child (severe L.D. included), they are being placed first into a limited number of special education slots.

The second development has been the ever increasing recognition that more and more of our 'regular' students are exhibiting varying degrees of specific learning problems. It is entirely unrealistic to expect to serve 25% of all our school-age children in special classes, especially where most can function successfully in regular classes with occasional modifications in instructional programming.

(THE LESS HANDICAPPED CHILD IS JUST SIMPLY GOING TO HAVE TO RECEIVE MOST OR ALL OF HIS INSTRUCTION IN REGULAR CLASSES.)

Who else but the regular classroom teacher is more attuned to the problems her children have. She has spent more time than anyone else working with any given child, and hence, can usually understand his peculiar learning styles better than anyone else. Additionally, the teacher knows the many tricks-of-the trade that will best facilitate the child's likelihood of learning any given concept.

Many teachers report that while they know their children well, they don't feel competent at testing a child to identify specific learning problems. Further, they report that making special materials to assist each child is too time consuming. Frequently, materials simply don't exist. Since these are valid concerns, this pamphlet has been prepared to assist the regular classroom teacher in obtaining useful information to plan for L.D. children in his/her classroom.

Identification of Learning Disabilities

The following recommended procedures can be used to identify children with learning disabilities (LD). Included are two formats. Format I depicts a detailed sequence to follow to identify learning disabilities. Format I does not include all tests that can be used, however, it does depict a logical procedure guideline for testing children. Format II is abbreviated, but gives tests that assess specific content areas and test descriptions by exceptionality, age and time.

A Comprehensive Educational Assessment: Format I

I. Intelligence--To determine the child's potential for learning in the typical formal academic program. (A and B must be administered by a psychologist)

- A. Stanford Binet-Yields a mental age and IQ score.
- B. Wechsler Intelligence Scale for Children Revised-In addition to providing a full scale IQ, it yields a verbal and performance IQ score.
- C. Slosson Intelligence Test (SIT)-Can be given by any paraprofessional. A quick screening intelligence score is provided through the use of oral questions.
- D. Peabody Picture Vocabulary Test (PPVT)-A time saver index of the subject's receptive vocabulary. Yields a general intelligence score, and can be given by a paraprofessional.

II. Interest Inventory--To ascertain the interest of the student so that these can be used in motivating them in academics.

- A. General-Can be teacher-made to determine the child's likes and dislikes, Can be administered orally or in written form.
- B. Reading-Specifically designed to determine the types of reading material the child enjoys.

III. Projective Technique--A device which can help you determine how a student feels about himself without his being aware of exactly what you are doing.

- A. Incomplete Sentences Test-Teacher constructs incomplete sentences and the student fills in the blanks with anything he chooses.
- B. Rorschach Inkblot Technique--Used by psychologists whereby the subject imagines figures based on his perception of ink blots.

IV. Auditory and Visual Perception

A. Snellen Symbol Chart-Subject stands at a distance of 20 feet from the chart and reads the symbols as well as he can.

B. Keystone Telebinocular-An instrument used for screening visual acuity, depth perception, lateral and vertical muscular balance, and color perception at near and far point distances.

C. Beltone Audiometer-A screening instrument which yields a graph indicating the pupil's threshold of hearing at different frequency levels. A color code (red for right ear or blue for left ear) is used to indicate hearing in each ear. Hearing is indicated in terms of decibel levels; and a loss of 15 decibels (db) or more may cause some educational problems.

D. Developmental Test of Visual Motor Integration (DVMI)-A more recent test developed specifically to assess the degree to which visual perception and motor behavior are integrated. A series of 24 geometric forms arranged in order of increasing difficulty. The subject copies the forms without erasing. A VMI age equivalent is provided.

E. Wepman Auditory Discrimination Test-Is used widely to determine the child's ability to discriminate or perceive certain sounds accurately between various types of phonemes within the phonetic categories. This type of ability is important to the development of reading competence. It presents matched word-pairs (such as sought and fought) and the child is asked to indicate whether the words read to him are the same or different. Test results are interpreted in terms of either adequate or inadequate development.

V. Achievement--To determine the level at which the child is currently funcitoning on in academic areas

A. Wide Range Achievement Test (WRAT)-Scores are obtained in the areas of reading, spelling, and arithmetic. They may be given in terms of a grade equivalent, a standard score, or a percentile. Very general, with only a few questions asked at each level.

B. Peabody Individual Achievement Test (PIAT)-Has gained wide acceptance since 1970. It provides measures of achievement in math, spelling, reading, and general information. Reading achievement is measured in 2 subtests, each providing a grade equivalent (or age equivalent), a percentile rank, and a standard score. Provides more information than the WRAT.

VI. Reading

A. General Reading Skills
   1. Informal Reading Inventory (Silvaroli)-Used to determine the child's independent, instructional, and frustrational reading level. The test consists of graded reading selections, comprehension questions, and a hearing capacity check. A spelling inventory is also included.
   2. Sucher-Allred Inventory-Much like the Silvaroli but does not contain primer material.
   3. Teacher can select her own graded reading selections from basal texts and construct her own informal inventory.

B. Phonics
   1. Comprehensive Special Services Cooperative (CSSC)-Assesses the primary child's phonetic skills in 30 different subtests. Has a unique feature in that it taps 3 different channels of learning--apictorial representation, an auditory check, and an auditory-motor response level. It assesses the alphabet-both manuscript and cursive, initial and ending consonant sounds, consonant blends and diagraphs, vowel sounds, auditory blending skills, affixes, syllabication and the Dolch Basic Sight Vocabulary List. It uses 85% as a cut-off point. If the student scores below this level on any subtest, this is considered as an area that needs remediation.
   2. Gallistel-Ellis Test of Linguistic Reading and Spelling Skills-Used with stronger readers to assess their phonetic or decoding skills. Consists of 5 different word lists containing a series of phonetically regular word (some nonsense words) to determine the level at which the student is experiencing decoding problems. Proceeds from 3 letter CVE words, to CVC_e magic e words, compound words, multisyllable words, etc. in an order of increasing difficulty. Also contains spelling words similar to the reading words.

C. Graded Word Lists
   1. Dolch Basic Word List-Consists of 220 basic sight words that are encountered in 60% of all reading material. It is graded pp-grade 3.

2. Fry List of Instant Words-Another list of common words frequently encountered in reading selections. Is divided into grade levels with four subgroups
3. Dale List of 769 Easy Words-Consists of very common nouns found in children's literature.
4. Harris-Jacobson List-A listing of sight words found in the readings of intermediate students.

VII. Math

A. Keymath Diagnostic Arithmetic Test-An individually administered test designed for pre-school through sixth grade students. It provides a diagnostic assessment of skill in math. It is divided into 14 subtests organized into 3 major areas: content, operations, and applications. A total raw score is then converted into a grade equivalent score. A profile is drawn depecting the students strengths and weaknesses in relation to his grade equivalency. Subtests include numeration, fractions, geometry and symbols, addition, subtraction, multiplication, division, mental computations, numerical reasoning, word problems, missing elements, money, measurement and time.

B. Teacher-made Math Test-Often times the teacher can write math problems on the board and have students solve them. By providing 2 or 3 similar problems at each grade level, the teacher can more accurately determine her students' strengths and needs by decreasing the chance of accidental error. You will also find it helpful to use addition, subtraction, etc. drill fact cards to determine the speed and accuracy with the basic facts.

VIII. Language

A. Take an oral or written language sample by asking the child to describe a colorful, attractive picture you have selected. Note his
1. average sentence length
2. types of sentences (none, simple, complex)
3. verb tenses
4. pronouns
5. omissions of words
6. additions of words
7. word order
8. content
9. appropriate use of words

IX. Miscellaneous

A. Detroit Test of Learning Aptitude-Could be classified as an intelligence test, but it is more useful in diagnosing problem areas in learning. There are 19 subtests which make up the battery and 9-13 subtest are usually selected and administered. It taps expressive and receptive language, social adjustment, number ability, motor speed and precision, and memory for designs. It is lengthy and difficult to score and should only be used with students who are experiencing more severe learning problems.

B. Purdue Perceptual Motor Survey-A popular survey of motor behavior which allows the practioner to observe the motor abilities of the child. You can observe balance and posture, body image and differentiation, perceptual-motor match, occular control and form perception.

C. Goodenough-Harris Drawing Test (GHDT)-Child is instructed to make 3 drawings, a man, a woman and himself. It is scored on the basis of 73 points. Raw scores are converted to standard score which may be interpreted approximately as an IQ index. It is generally regarded as an initial impression of intelligence or a crude index.

ASSESSMENT TEST THAT CAN BE GIVEN BY CLASSROOM TEACHERS: FORMAT II

AREAS	TEST
I. MATH	
1. General tool	Key Math
2. Operations	WRAT, Detroit, Key Math
3. Applications	Detroit, Key Math
4. Number formation and Identification	Slingerland, Detroit Slosson-Coordination
5. Geometric forms	WRAT, Slingerland, Detroit
II. LANGUAGE	
1. General tool	Woodcock
2. Letter Identification	WRAT, Sucher Allred, Detroit
3. Word Identification	WRAT, Sucher Allred, Gallistel-Ellis, SIT
4. Reading level and grade placement	SORT, Gallistel-Ellis, Fry, WRAT Sucher Allred
5. Spelling level	WRAT, Gallistel-Ellis, Peabody
6. Phonics	Gallistel-Ellis, Slingerland
7. Reading Comprehension	Peabody, Sucher Allred, Gallistel-Ellis
III. EMOTIONS	
1. Social Behavior Checklist	Walker Problem, Quay Peterson
2. Emotion Ability	Detroit, Slosson Coordination, Bender Gestalt
IV. REASONING AND COMPREHENSION	Detroit, Woodcock, Sort Sucher-Allred
V. AUDITORY DISCRIMINATION	Goldman Fristo
VI. PHYSICAL FITNESS	Physical Fitness Scale Checklist

TEST DESCRIPTION

NAME	EXCEPTIONALITY	AGE	TIME	NOTES
Key Math	All	All	15-20 min.	
Woodcock	"	"	20-30 min.	
Physical Fitness Scale	"	"		
Walker Problem	"	"	10-15 min.	
Quay Peterson	"	"	10-15 min.	
Detroit Test of Aptitude	"	"	15-1 hour	
Slosson Coordination	"	"	10-15 min.	
Slosson Intelligence (SIT)	EMR,LE,EC	"	10-20 min.	
Slosson Oral Reading (SORT)	EMR,LD,EC	"	3 min.	
Slingerland	LD	7-14	10-60 min.	
Wide Range Achievement (WRAT)	LD,EC,EMR	"	20-30 min.	
Sucher Allred	EMR,LD,EC	"	15-20 min.	
Bender Gestalt	All	5-12	7-15 min.	
Goldman Fristo	All	All	10 min.	

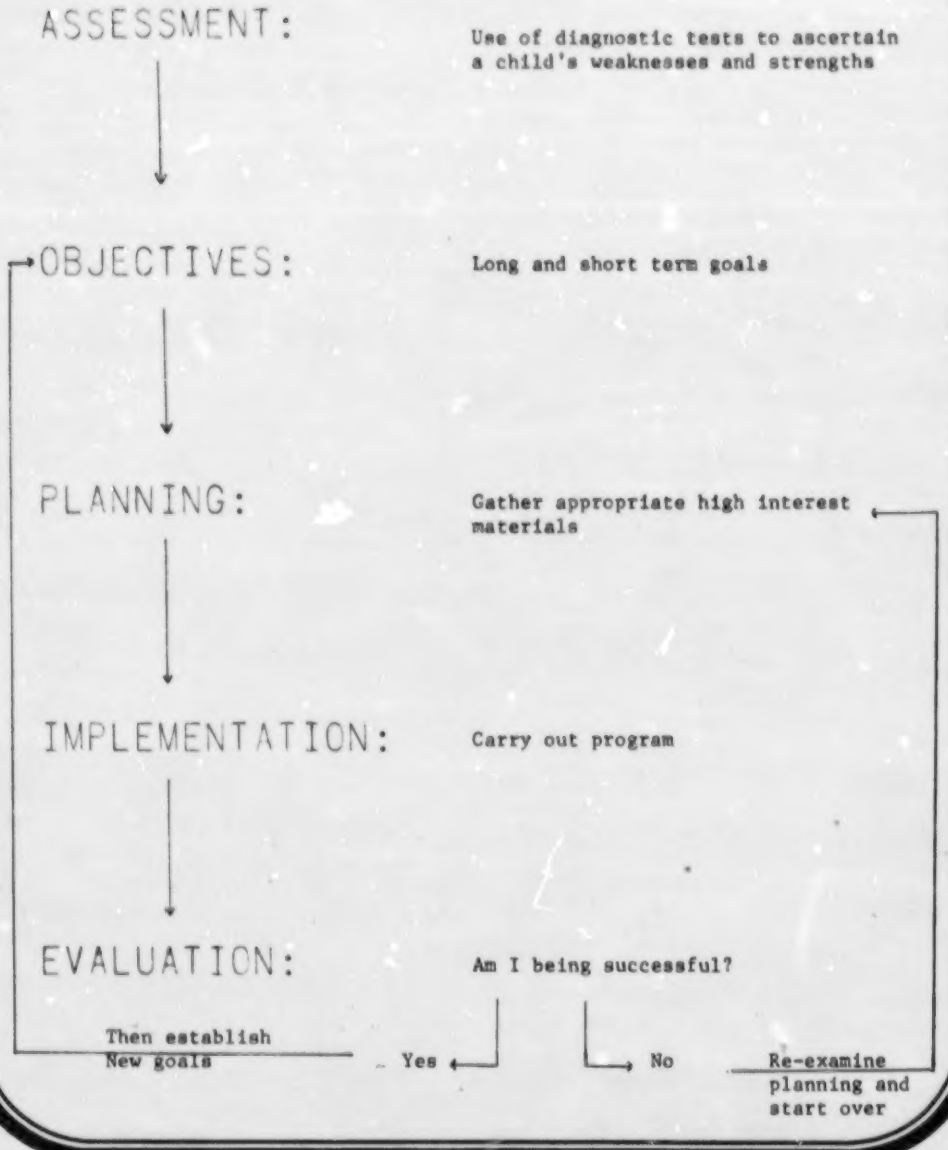
Intervention Strategies

Upon completing the assessment of an individual child's strengths and weaknesses, using the previously discussed format, the classroom teacher then uses this information as the basis for planning intervention strategies. This will mean establishing different goals for different children. the differentiating of pupil goals, learning styles, and instructional methods implies adherence to a clinical teaching model (See Figure II for Clinical Teaching Model). While remediation is based on diagnostic findings with special consideration in the skill areas, initial efforts should concentrate on the child's interest and his sense of worthiness. Thus, intervention should start with highly interesting activities which aim at his diagnosed strengths. No direct attack on the child's weakness is recommended. Remember--Diagnostic tests scores usually depict optimum performance, therefore, back off somewhat in establishing initial stages. The child should work at his own pace and should determine the order in which he wants to tackle various tasks.

Involving others in the process can be done by establishing and conducting parent-teacher conference. Parent-teacher conferences provide the means by which the child's parents, the classroom teacher and other teachers, evaluate the assessment of the child's strengths and weaknesses. Also, such a conference is instrumental in arriving at a coordinated effort of problem-solving. Parents can be influential in increasing or decreasing desirable and/or undesirable behaviors exhibited by the child. Other teachers can reinforce strengths which the classroom teacher knows will work with the child. They can also assist in providing reinforcing activities and make the child's work relevant to his school day. By getting everyone involved, the classroom teacher can change a child's life from one of failure and frustration to one of success and excitement.

FIGURE II

A CLINICAL TEACHING MODEL



APPLICATION OF ASSESSMENT PROCEDURES TO SPECIFIC CASE STUDIES

Up to this point you have been introduced to the generally accepted definition of learning disabilities. You have also seen a fairly comprehensive test battery from which specific tests can be used to diagnose and assess specific learning disabilities in children. The immediately preceeding pages have attempted to stress the importance of bridging the gap between test results and classroom application.

What follows are two representative case studits in which two students with specific test results and specific weaknesses have had individualized programs planned for them which were implemented in the regular classroom by their regular teacher. Notice particularly only one or two target behaviors are stressed at any given time.

Joe's Case

BACKGROUND:

Joe is an eleven year old white male in the sixth grade. His present health is good. However, his parents indicated that he has a speech problem. They further noted that there were no unusual factors prior to, during, or following birth.

Joe's previous school experiences have shown that he attended nursery school and kindergarten. During the first grade his parents moved frequently. Thus, he failed during that initial year in school.

REASON(S) FOR REFERRAL:

Joe was referred to the CSDC by the Madison County School System. The reason for the referral was based on his functioning below grade level in reading--also failing to complete assignments.

(SEE) PSYCHOEDUCATIONAL PROFILE

PRESCRIBED PROGRAM:

Identified Area(s) of Weakness(es):
- On Task Behavior
- Reading Recognition
- Reading Comprehension
- Spelling

INTERVENTION STRATEGIES:

Joe's classroom teacher and his parents were briefed by the teacher consultant of his strengths and weaknesses. The teacher consultant described a means of monitoring Joe's classroom behavior through the use of a School Monitor Card (SMC). The School Monitor Card takes into account the fact that a child's teacher is the best observer of his classroom behavior, and the fact that a child's parents may have access to motivators. The SMC would allow Joe's parents to have a record of his daily school behavior in order to present motivators for desirable performance. Several steps were followed: 1. A meeting with Joe's classroom teacher and the school's principal was held to explain the SMC's use. 2. Developed a contract with the child in order to specify what motivators will be earned.

An example of a SMC is shown below:

Student _____ School _____ Date _____

Behavior Required _____

Subject	Mon.	Tues.	Wed.	Thurs.	Fri.

EVALUATION:

The student was given a Pre and Post test of the Peabody Individual Achievement Test.

PIAT: Pre-Post Test Profile

Subtest	Pre (10/25/77)	Post (5/12/78)	Academic Gain
Reading Recognition	5.0	7.0	2.0
Reading Comprehension	4.4	5.0	.6
Spelling	3.9	3.9	.0

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Your Name Consultant

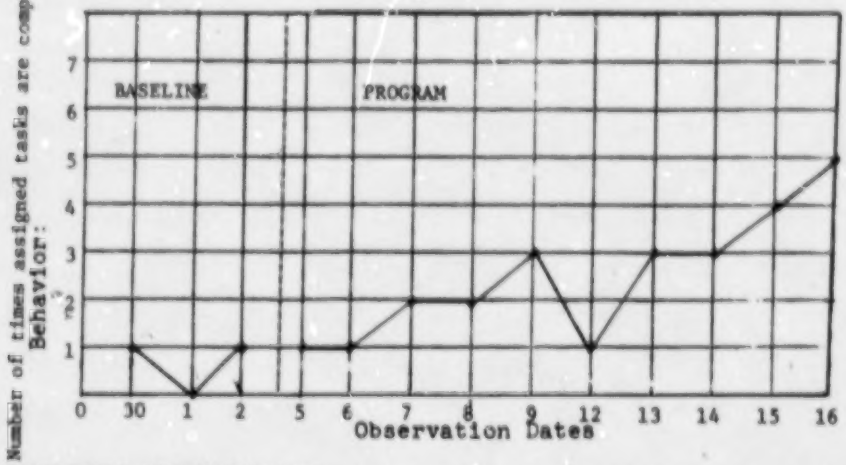
Child's Name Joe

(Age of Child) 11

PROGRAM SHEET

SPECIFY THE BEHAVIOR: Increase the amount of time spent on completing assigned tasks.

MEASURE AND SET A GOAL: Joe will complete assigned tasks within required time.



IDENTIFY MOTIVATORS: Increased allowance, poster of Rock Stars, record albums, television proviledges

DEVELOP A PROGRAM WHICH CHANGES THE CONSEQUENCES OF THE BEHAVIOR:

(1) Develop a School Monitor Card and describe to teachers and principle.

(2) Contruct a contract (see attached)

MEASURE THE BEHAVIOR AGAIN AND RECORD ON THE CHART ABOVE

See measure above.

Scott's Case

BACKGROUND:

When referred to the CSDC, two years ago, Scott was an eleven year old white male in the fourth grade. He was very shy and quiet spoken. His mother reported a normal childhood with no unusual physical problems. His present health is good. Scott is absent from school a lot. His mother often comes to get him at school if he calls and tells her he doesn't feel well. Scott has not repeated a grade in school although his grades and achievement scores are very low. He has received help from a private tutor. His mother reports he was having success in the tutorial program, but she stopped bringing him because of the expense and the traveling distance.

REASON FOR REFERRAL:

Scott was referred by his mother because of his continued difficulty in academic areas, especially reading.

PRESCRIBED PROGRAM:

Identified Area(s) of Weakness(es):

- Reading Recognition
- Reading Comprehension
- Spelling
- Visual Perception-position in space
- Visual Sequential Memory
- Auditory Perception-Blending

INTERVENTION STRATEGIES:

Psychometric evaluation and indepth diagnostic testing confirm that Scott is a child with many strengths. He functions above average in several subtests on different instruments. He appears to be that L.D. student who fluctuates up and down.

Testing results were shared with his mother. She is very concerned about his feelings of self worth. She notes he is developing an antagonism toward all school work because of his failure to succeed in reading.

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There is no special teacher or class at his small rural school, so the CSDC consultant met with his reading teacher to help formulate plans to structure the reading program to fit Scott's needs. A learning center/listening station was developed to strengthen basic skills he had acquired and to develop new needed skills especially in the area of visual memory and auditory blending. We used the Basal Reading Program, but supplemented it with more drill and activities. The listening center used A.P.P.L. material for him to do daily.

At the same time Scott was a participant in a special tutorial clinic on the University campus. He attended twice a week sessions in a one-to-one teaching situation. It was decided to use a multisensory approach in the clinic. The Fry Instant Words were chosen as the basis since these basic words are the framework of reading and also because Shane had so little knowledge of them. They all seemed to be alike to him. This tutorial session lasted for eighteen weeks. Scott began working on the first one hundred (100) words and at the end of the program he had good recall up to the two hundred (200) word level.

Scott's progress in school for fourth grade did improve some. However, the school personnel, parents, and CSDC consultant felt because of his feeling of failure toward school and his low achievement scores, placement in a neighboring school in a L.D. resource room would be justified. This arrangement was worked out and Scott transferred in October to the 5th grade. The change in him was very apparent. He became more outgoing, eager to go to school, more time was spent with school assignments and not watching T.V.; he became a contributing member of his classes. Academically, he began to improve. He attended a L.D. resource room for one hour a day. The CSDC consultant and the L.D. teacher devised an individual education plan. This I.E.P. would use strengths to build weaknesses. The Palo-Alto Reading Program was used with Barnell-Loft Specific Series Materials and other teacher-made learning centers. The L.D. teacher and the consultant kept in close contact with the reading teacher. The L.D. teacher helped with class assignemnts, checking on homework, adding enrichment activities. The consultant supplied teaching strategies and useful materials.

This multifaceted approach was beneficial to Scott. Growth is indicated in the increased PIAT scores yet the true indicators can't be measured--a much happier child who is feeling much better about himself and school.

MATERIALS:

A. Audio Progress Reading Laboratory--Levels 1-2
   1. Teacher Guide
   2. Tapes
   3. Progress Workbook
B. Learning Center--Level 7 Holt
   1. Practice Sheets
   2. Games
   3. Puzzles
C. Fry Instant Words List
D. Palo-Alto Reading Program: Sequential Steps in Reading
   1. Practice Pad
   2. Readers
   3. Teachers Guides
E. Barnell-Loft: Specific Skills Series
   1. Detecting the Sequence
      Preparatory, A, B level

PIAT: Pre-Post Test Profile

Subtest	Pre(9/19/77)	Post(5/9/78)	Acad. Gain
Reading Recognition	1.8	2.8	1.0
Reading Comprehension	2.7	3.4	.7
Spelling	1.7	3.2	1.5

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FURTHER INFORMATION

YOUR PHYSICIAN

YOUR SCHOOL SYSTEM'S SPECIAL EDUCATION COORDINATOR

YOUR LOCAL ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES (ACLD)

YOUR LOCAL AID TO RETARDED CITIZENS GROUP (ARC)

YOUR LOCAL REHABILITATION SERVICES

CRIPPLED CHILDREN SERVICES

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PRIVATE CLINICAL PSYCHOLOGISTS

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